## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # N41659**

1. Corporation Name

EASTGATE CHURCH OF CHRIST, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

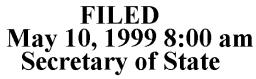
2809 CREIGHTON BLVD PENSACOLA FL 32504

21

2809 CREIGHTON BLVD PENSACOLA FL 32504

2a. Mailing Address

26



05-10-1999 90092 023 \*\*\*\*61.25



3. Date Incorporated or Qualifed

01/11/1991

<b>41</b>		201				<del> </del>				
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.			4. FEI Number		<del></del>	ied For	
22	المستعبد بالمساد المساد المساد	27				59-3128068			Applicable	
City & State	е	City & S	tate			5. Certificate of Status Desired		\$8.75 Ad		
23		28						Fee Reg		
Zip				Country		6. Election Campaign Financing		\$5.00 M	•	
24	25 29 30					Trust Fund Contribution		Added to	Fees	
	9. Name and Address of Curren	t Registered Ag	ent			10. Name and Address of New	Registered	Agent		
				81	Name					
Franklin, Thomas W.					82 Street Address (P.O. Box Number is Not Acceptable)					
1580 EAST TEXAR DRIVE										
PENSACOLA FL 32504										
					84 City 85 Zip Code					
				94	Ску		FL	_		
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508,	Florida Statutes, t	he above	-named corpo	oration submits this statement for the	purpose of	changing its r	egistered	
office or r	to the provisions of Sections 617,050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such i	change was autho	nzea by	tne corporatioi	n's board of directors, I hereby acce	pt the appoi	intment as regi	stered	
agent. 1 a	ım ramılıar witn, and accept the obliga	uons on, section	017.0000, FIUIUB	Jiaiuies.	•					
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if apolicable	(NOTE: Regi	stered Agen	t signature required	when reinstating)	DATE	<del>-</del>		
12.		D DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTOR	S IN 12	
TITLE	D		DELETE	1.1 TITLE				Change	Addition	
NAME	ROSWOLD, GARY R			1.2 NAME						
	0.00 E 47400 00			1.3 STREET	ADDRESS					
STREET ADDRESS	PENSACOLA FL			1.4 CITY-S						
CITY-ST-ZIP	D		DELETE	2.1 TITLE	1-21			[] Change	☐ Addition	
TITLE	BROGAN, DAVID			2.2 NAME	}			_		
NAME	DOOD AID! AND DD		j	2.3 STREET	AUUDESS					
STREET ADDRESS										
_CITY_ST-ZIP	PENSACOLA FL	· · · · · · · · ·	DELETE	2.4 CITY-S 3.1 TITLE	1:219			Change	Addition	
TITLE	D CARROLLEN D		C Detter	-	1			2		
NAME	HARTZOG, STEPHEN D.			3.2 NAME		-				
STREET ADDRESS	,			3.3 STREET						
CITY-ST-ZIP	CANTONMENT FL			3.4. CITY- S	T-ZIP			Change	Addition	
TITLE	D		☐ DELETE	4.1 TITLE	l			Cuanda		
NAME	FRANKLIN, THOMAS W.			4.2 NAME						
STREET ADDRESS			ŀ	4.3 STREET	ADDRESS					
CITY-ST-ZIP	PENSACOLA FL			4.4 CITY-S	T-ZIP				C3 x 4 200	
TITLE	D		☐ DELÉTE	5.1 TITLE	-			Change	Addition	
NAME	CLAYTON, RALPH			5.2 NAME						
STREET ADDRESS	13054 3RD ST		J	5.3 STREET	ADDRESS					
CITY-ST-ZIP	LILLIAN AL	_	1	5.4 CITY-S	T-ZIP			<u></u>		
TITLE			DELETE	6.1 TITLE				☐ Change	Addition Addition	
NAME	1		I	6.2 NAME						
STREET ADDRESS				6.3 STREET	ADDRESS					
CITY OF THE	7			6.4 CITY-S	T-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

A CAN THE STATE OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #

CR2E037 (11/98)

=::::

= :